	OR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES	45	L 1/13/13	FORM OMB NO): 11/29/2012 I APPROVED : 0938-0391
AND PLAN OF CO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE S COMPLI	
<u></u>		445190	B. WING		11/2	6/2012
	DER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIES.)	ULD BE	(X5) COMPLETION DATE
SS=D Door required haz those wood min required the are Roll in a	ors protecting couried enclosures ardous areas and se constructed of or capable of utes. Doors in suired to resist the mpediment to the provided with a door closed. Dupermitted. 19 ler latches are publications and the aith care factions on observations.	not met as evidenced by: on and interview, the facility	\$ #56 al la: 2. Al wi m 3. A d wi a t 4. Ra	he West Nurse's station pantry, hower room door near Room 20, and resident room 205 were adjusted to close to a positive tch on 11/29/12. I doors having positive latches are checked to ensure they saintained a positive latch do ll be created and maintained of egular basis. Indom audits of all positive latch lo ll be done by the Maintenance	ors n 12/1	29/12 4/12
posi		ire corridor doors closed to a . (NFPA 101, 19-3.6.3.)		nd reported to the regular mon A&A meeting X three months.	thly	1/13/13
Obs Dire a.m. the roor faile This	ervation and intector, on Novemb and 2:00 p.m. owest Nurses state n door near room d to close to a parting was veri	erview with the Maintenance per 26, 2012 between 10:00 confirmed corridor doors to tion's pantry door, shower in 502, and resident room 205	ATTIDE	TITLE		(X6) DAYE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/29/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTI ILDIN	PLE CONSTRUCTION IG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		445190	B. Wi	NG_		11/	26/2012
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			•	2	REET ADDRESS, CITY, STATE, ZIP CODE 50 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	November 26, 2012 NFPA 101 LIFE SA	nowledged by the g the exit conference on 2. FETY CODE STANDARD	:	018 029			
One hour fire rate fire-rated doors) extinguishing system and/or 19.3.5.4 puthe approved autoption is used, the other spaces by doors. Doors are field-applied protes.		I construction (with ¾ hour an approved automatic fire em in accordance with 8.4.1 beects hazardous areas. When matic fire extinguishing system areas are separated from noke resisting partitions and self-closing and non-rated or ctive plates that do not exceed bottom of the door are 2.1	do no 2. Al e: 3. A W re 4. Ra	On 11/27/12, the Medical Records office was provided with a door closer. The laund for was adjusted to ensure that there were gaps. Il self-closing doors were checked to ensure a posititive latch on 11/27/12. checklist of all positive latch doors will be created and maintained on a legular basis. Indoor and its of all positive latch doors will be done by the Maintenance Dept.		e laundry ere were to 2.	11/27/12 / 11/27/12 : 12/14/12
	Based on observational failed to assure haze with self-closing does the findings included to be a confirmed to be a confirmed to be a confirmed to be a construction of the findings included to be a constructional to be a construction of the findings included to be a construction of the findings included by a construction of	erview with the Maintenance ber 26, 2012 at 11:50 a.m. cal Records room door was door closer. on and interview, the facility ardous area's one (1) hour on is maintained.	an	d re	eported to the regular monthlying x three months.	DA&A	1/13/13

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445190 11/26/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD **CAMBRIDGE HOUSE, THE** BRISTOL, TN 37620 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 029 Continued From page 2 K 029 top and failed to be self-closing. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012. K 050 NFPA 101 LIFE SAFETY CODE STANDARD K 050 SS=F Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware 1. Reeducation of the employees on the East that drills are part of established routine. wing was done immediately and Responsibility for planning and conducting drills is 11/26/12 assigned only to competent persons who are miscommunication qualified to exercise leadership. Where drills are was resolved. conducted between 9 PM and 6 AM a coded 2. All residents have the potential to be affected. All announcement may be used instead of audible employees will be re-educated by in-service alarms. 19.7.1.2 and return demonstration relating to fire drill procedures. 12/21/12 3. Fire drills will be conducted on a regular basis This STANDARD is not met as evidenced by: until correct procedures are accomplished X three. Based on observation and interview, the facility failed to assure staff was familiar with fire All employees will be re-educated on fire drill procedures. procedures. 1/11/13 The findings include: 4. Fire drill documentation will be reviewed Observation during a fire drill conducted on November 26, 2012 at 2:10 p.m. confirmed the By the Safety committee at the regular monthly staff in the fire compartment failed to clear all Meeting and presented to the QA&A meeting residents out of the area. There were five (5) X 1 quarter. residents in the immediate area of the nurses' station that were not taken to a safe area and 1/13/13 were left in the open activity area during the drill. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012. K 052: NFPA 101 LIFE SAFETY CODE STANDARD K 052

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PRINTED: 11/29/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445190 11/26/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD CAMBRIDGE HOUSE, THE BRISTOL, TN 37620 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 052 : Continued From page 3 K 052 A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 1. Fire alarm company was notified 2. All residents have the potential to be Affected. Fire company was notified and date set for completion of testing. 3. Sensitivity testing of all smoke alarms will be done and any alarms that require adjustment or replacement will be 12/20/12 calibrated or replaced. This STANDARD is not met as evidenced by: 4. Fire alarm system reports will be submitted NFPA 72, 7-3.2.1 Detector sensitivity shall be by the Maintenance Dept. to the Safety checked within 1 year after installation and every committee for review and presented to the alternate year thereafter. After the second required calibration test, if sensitivity tests QA&A meeting at the regular monthly meeting. indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent 1/13/13 obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be

The findings include:

maintained. In zones or in areas where nuisance alarms show any increase over the previous year.

sensitivity every two (2) years (NPFA 72-7-3.2.1).

Record review on November 26, 2012 at 9:50 a.m confirmed there was no documentation to demonstrate the smoke detectors in the facility

Based on record review, the facility failed to assure smoke detectors were tested for

calibration tests shall be performed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01				(X3) DATE SURVEY COMPLETED	
		445190	B. WIN	G		11/2	26/2012	
	PROVIDER OR SUPPLIER IDGE HOUSE, THE			STREET ADDRE 250 BELLEE BRISTOL,				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EA	PROVIDER'S PLAN OF COP CH CORRECTIVE ACTION SS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
K 062 SS=E	system report dated sensitivity due." These findings were Supervisor and ack Administrator during November 26, 2012 NFPA 101 LIFE SAI Required automatic continuously maintal condition and are in	r sensitivity. The fire alarm d 7-24-12 stated "5 year e verified by the Maintenance nowledged by the g the exit conference on c. FETY CODE STANDARD c sprinkler systems are ained in reliable operating	K O					
	NFPA 13 states: 5-hazard systems are quick-response or resprinklers in a compendated. Based on record revinterview, the facility response sprinkler heads in that comparesponse heads. NFPA 13 states: 5-hazard systems are quick-response or resprinklers in a compendated. The findings include Observation, record Maintenance Directors between 10:00 am a	esidential sprinklers, all partmented space shall be view, observation and view, observation and view failed to assure when quick neads were used, all sprinkler artment were also quick 3.1.5.2 When existing light converted to use esidential sprinklers, all partmented space shall be	hea hea 2. Al to 3. Sp fo Ex kir 4. M at	dom, and 10 do will be re do to ensure the orinkler con removal attra heads wind of heads aintenance the regular resent com	400 short half, Cei 00/200 Nurses's Steplaced by the apire compliance with heads in building way are in compliance inpany was called a and installing of sp will be replaced with to ensure ongoing to ensure ongoing to monthly meeting apleted project inforced egular monthly me	tation sprink propriate NFPA. vill be checke ce with NFPA and date set rinkler heads th appropriat g compliance to Safety g and will primation to seting.	ed s. te	

PRINTED: 11/29/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445190 11/26/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD CAMBRIDGE HOUSE, THE BRISTOL TN 37620 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (XS) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 062 Continued From page 5 K 062 where standard response heads were also installed in the 300 hall, 400 short hall, in Central Supply room, and by the 100/200 Nurses station. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012. K 067 NFPA 101 LIFE SAFETY CODE STANDARD K 067 SS=F Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 1. Heating and Air conditioning company was called to set date for performing fire damper maintenance. 2. All residents have the potential to be This STANDARD is not met as evidenced by: affected. All fire dampers in building NFPA 90A, 3-4.7 Maintenance - At least every 4 will be checked to ensure compliance years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify with NFPA. that they fully close; the latch, if provided, shall be 3. Ventilation company will perform required checked; and moving parts shall be lubricated as Maintenance on fire dampers to ensure necessary. 12/21/12 Based on observation and interview, interview Compliance with NFPA. and record review, the facility failed to assure fire 4. Results of completed maintenance of the dampers were maintained every 4 years in Fire dampers will be reported to the Safety accordance with NFPA 90A. Committee at the regular monthly meeting The findings include: Record review and interview with the And presented to QA&A at the regular

November 26, 2012.

Maintenance Director on November 26, 2012 at

10:30 a.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers. These findings were verified by the Maintenance

Supervisor and acknowledged by the Administrator during the exit conference on monthly meeting.

1/13/13

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FOR	ED: 11/29/2012 RM APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190		(X1) PROVIDER/SUPPLIER/CLIA (IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		445190	B, W	NG		111	/26/2012	
	PROVIDER OR SUPPLIER			250	ET ADDRESS, CITY, STATE, ZIP CODE BELLEBROOK RD ISTOL, TN 37620	-1	20/2012	
(X4) ID PREFIX TAG				EX.	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPLICATION OF THE APPLICATI	OULD BE	(X5) COMPLETION DATE	
K 144 SS=F		ETY CODE STANDARD ected weekly and exercised inutes per month in PA 99. 3.4.4.1.		144 Ge	nerator company called and			
	NFPA 110 - 6-4.2* (Call Level 2 service shall monthly, for a minim of the following method: (a) Under operating not less than 30 percenting (b) Loading that mangas temperatures as manufacturer. The date and time of be decided by the own operations. 6-4.2.1 Equivalent loads use automatically replaced in case of failure of the 6-4.2.2 Diesel-powered EPS meet the requirement monthly with the available exercised annually we percent of nameplates.	temperature conditions or at cent of the EPS nameplate intains the minimum exhaust recommended by the day for required testing shall mer, based on facility of for testing shall be de with the emergency loads ne primary source. installations that do not ts of 6-4.2 shall be exercised	3. 4.	Tes All Affe Tes A tw perf to in in or NFP/ will a 2-h comp comp to the regular	te set for a 2-hour load bank	to be d bank ually e t th oyees ifics of e erator	1/11/13	

PRINTED: 11/29/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445190 11/26/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD CAMBRIDGE HOUSE, THE BRISTOL, TN 37620 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 7 K 144 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. Based on observation and record review and interview, the facility failed to assure the emergency generator had an annual 2-hour load bank test performed. The findings include: Record review of the Emergency Generator logs with the Maintenance Director, on November 26. 2012 at 11:15 a.m. failed to show a 2-hour load bank test had ever been performed. During the testing of the emergency generator under load, on November 26, 2012 at 1:15 p.m. it was observed the generator load was less than 10 amps which is less than the 30% of rated capacity for a 50Kw generator. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012.